

The TB Challenge

“Partnering to Eliminate TB in African Americans”

A Newsletter from the Division of Tuberculosis Elimination, Field Services and Evaluation Branch

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Controlling and Eliminating Tuberculosis in African-American Communities (CETBA): Fulton County, Georgia's Experience



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Background Information

The project “Intensification of Tuberculosis (TB) Elimination Activities in African-American Communities in the Southeastern U.S.” is directed toward identifying gaps, developing opportunities for TB prevention, and reducing disparities in TB. Georgia's TB program, located in the Georgia Department of Human Resources, Prevention Services Branch, was one of three sites that received grant funding in August 2002 from CDC's Division of Tuberculosis Elimination for this special initiative. The project is being implemented in Fulton County. A major goal is to develop strategies and interventions that will improve access of the African-American community to culturally competent, effective, and affordable TB program services. A comprehensive plan of action is being developed through these activities to accelerate the reduction of TB cases among African Americans in Fulton County. Toward this end, collaborative partnerships have been established with

community-based organizations, academic institutions, health care providers, hospitals, faith communities, and other associations working to advance the health and wellness of African Americans in Fulton County. This article briefly summarizes activities to support this goal.

Development of Advisory Board

In May 2003, Georgia's initiative established a CETBA advisory board consisting of Fulton County health, social service, and community-based professionals. Community stakeholders meet monthly. This group includes, but is not limited to, staff from the Fulton County Department of Health and Wellness Tuberculosis Program (both medical and administrative), Georgia Department of Human Resources/Division of Public Health/Prevention Services Branch/Tuberculosis Program, the American Lung Association of Georgia, Fulton County Emergency Shelters and Transitional Housing, Grady Health Systems, the Atlanta Union Mission, Wilkerson Properties/City of Atlanta Housing Authority, Emory University Adolescent Mental Health Department, Embracing Hospice Care, Fulton County Substance Abuse and Alcohol Treatment Center, Concerned Black Clergy, Morehouse School of Medicine Community and Preventive Medicine Department, and the Fulton County Jail.

Neighborhood Planning Unit Meetings

Eight zip codes in the Fulton County area are reporting higher-than-normal numbers of cases of TB, when compared to the State of Georgia. These zip codes are

30303, 30308, 30309, 30310, 30312, 30314, 30315, and 30318. A very productive partnership was forged with the City of Atlanta Bureau of Planning. Each of the zip codes with high rates of reported TB cases has a Neighborhood Planning Unit (NPU) that meets monthly. The presentations are interactive and allow those in attendance to share any information and issues they have regarding the disease.

Three Needs Assessments Completed

TB Knowledge and Awareness in the African-American Community As It Relates to Former TB Patients

DHR contracted with VCS & Associates, a local consulting group, to conduct focus groups and individual interviews with African-American women and men between 25 and 54 years of age. Members of the target population were identified as recipients of human services (e.g., public health care, temporary housing, transitional housing, substance abuse treatment) in Fulton County, Georgia. Sixty-seven individuals participated in the 10 focus groups and the 10 individual interviews during July and August 2003.

We found that, overall, participants were aware of the basics about tuberculosis, diagnostic procedures, and treatment. The findings indicated a low level of knowledge regarding disease progression, even among respondents who had previously been diagnosed with TB. Furthermore, respondents had a great deal of misinformation regarding transmission and prevention of the disease.

(Controlling cont. on page 2)

Understanding Culture: Overcoming Health Disparities-An interview with George W. Roberts, Ph.D., Acting Associate Director for Prevention Partnerships, Division of HIV/AIDS

Michael Fraser, Public Health Advisor, DTBE/FSEB



George W. Roberts, Ph.D.

Michael Fraser: Dr. Roberts, you have extensive training and expertise in the area of human behavior. What are some of the strategies you have employed over the years to understand and address health disparities in African Americans?

George Roberts: I think it is important to understand cultural influences on behavior as the basis for disease risks. I have been involved in that since coming to the agency (Centers for Disease Control

and Prevention [CDC]), starting in the Office of the Associate Director for Minority Health, where I was responsible for identifying and articulating the meaning of culturally linked behaviors that could influence risks for a variety of diseases. My focus was on injury and particularly violence prevention; my focus was also on HIV, and a little on mental retardation and developmental disabilities in children. I also did some work on reproductive health, looking at low birth weight outcomes among African-American women. In all of those situations, what I did, at a time when there were not many behavioral scientists here at CDC 8 to 10 years ago, and certainly not many African Americans (maybe three in total) was bring to bear the social and

psychological literature on behaviors like smoking, and drinking and diet. I began looking at the role of social factors as well as cultural factors. I distinguish social factors as those factors that involve the influence of the group, and then the larger social and societal environment, versus cultural factors, which are forces that form norms and beliefs that are associated with a particular ethnic group. So, we have to understand the history of particular ethnicities in relation to the society to better understand their actual cultural influences on behavior.

MF: So before one develops a strategy to address health disparities, we must understand cultural and social factors that influence behavior?

(Understanding Culture cont. on page 2)

Controlling and Eliminating Tuberculosis in African-American Communities (CETBA):
Fulton County, Georgia's Experience (cont.)

- Recommendations include the following:
- Provide better access to community-based health facilities,
 - Provide more information about TB to the public,
 - Increase access to health care for TB-infected low-income/under-or unemployed clients, and
 - Implement strategies to overcome stigma associated with the diagnosis of TB.

Health Care Providers' Experiences in Serving At-Risk TB Populations

The Georgia Department of Human Resources (DHS) awarded a contract to Wellsolve, Inc., to conduct a cross-sectional study to assist DHR in identifying the various factors leading to disparities. As directed by DHR, the study consisted of collecting qualitative and quantitative data from health care providers of TB care within Fulton County. The purpose of this information was twofold: to obtain an updated description of the current TB services and to seek a better understanding of the barriers that inhibit the decrease of TB incidence in Fulton County, Georgia. There were 27 public and private health care facilities participating in key-informant interviews. The survey sought to ascertain the following:

- Were there undocumented differences in referral procedures regarding TB cases and contacts for African American vs. other racial/ethnic groups?
- Are selected programs having greater success in reducing TB incidence, administering DOT, and educating constituents about risk and protective factors compared to others?
- Do agencies have an internal plan for increasing early detection?

- What causes of health disparities are prevalent where TB prevention and treatment are concerned?

Based on the data that Wellsolve, Inc., submitted, the study showed that TB patients still have lengthy wait times at various facilities; physicians and clinicians cite the need for increased awareness of TB in the community at large, and in the low-income community specifically; and better follow-up mechanisms need to be in place for TB patients referred from the private sector to public health. For example, a key contact person for TB should be assigned to the Fulton County Department of Health and Wellness.

Based on the surveys, the following recommendations were made:

- Ensure that staff who work with this population comply with tuberculosis skin test (TST) programs.
- Implement a consistent peer group review process between the public and private sector health care facilities.
- Develop strategies for addressing the issue of increasing multidrug resistant TB through policy, training, media, and social marketing.
- Provide an improved telecommunication system for the Fulton County TB Program (e.g., voice mail).

TB in Fulton County, Georgia, Homeless Population

DHR is concerned about the increasing incidence of TB in the homeless population. DHR contracted with Fisher, Sheehan, & Colton, a public finance-general economics consulting firm, to perform a needs

assessment in homeless shelters in Fulton County, Georgia. Twenty-three homeless shelters were surveyed and six site visits to area homeless shelters were completed.

In shelters that required a TB test during the clients' first stay, with the staff making all arrangements, the reported compliance rate approached 100%. Shelters that required a TB test during the clients' first stay but left the arrangements up to the client were less successful in obtaining the TB tests. Shelters that encouraged TB testing during the first stay but left the decision to the client seldom were successful in having TB testing performed. The shelters that neither encouraged nor discouraged TB testing during the first stay but left the decision to the client were the least successful in testing.

Recommendations include the following:

- Develop a plan to increase universal testing of all first-time clients of homeless shelters in Fulton County, with shelter staff arranging for screening,
- Provide training and education to Fulton County shelter staff regarding TB and universal testing policy,
- Continually disseminate information in the shelters to clients, and
- Develop strategies to communicate with and inform shelter leadership and staff.

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Article submitted by Karen Sturdivant, Beverly DeVoe, Dr. Rose Sales, and Karen Buford

Understanding Culture (cont.)

GR: Exactly.

MF: What are ways in which HIV and TB division staff can work together, pooling resources to increase the efficacy of their prevention programs, particularly in times when federal TB control funds have been level for the past 5 years?

GR: One thing that we need to do better is have focused policy discussions among senior staff in both divisions [DHAP and DTBE] to discuss the populations that are affected by both HIV and TB (we are talking about Native-American populations, some Asian populations, some Latino populations, particularly in the Southwest around the border, and African-American populations, in some rural areas especially and in some urban communities and correctional facilities) that are certainly experiencing comorbidities involving HIV infection and TB. So, we need more targeted discussions among policy makers. And then at the program level, we need to work together to identify some overlapping activities, certainly in the way of educating communities about the threat of both HIV infection and TB. I remember recently reading about some of your [DTBE's] efforts to educate communities and send out more health communications information. That's the kind of thing we need to be doing more of together and possibly our Office of Communications can help coordinate that.

MF: What are the steps that we can successfully and effectively use to impact African-American communities in closing the health disparities gap?

GR: By developing effective partnerships, engaging people in ways that make sense to them out of their cultural and social experiences. Also, having them inform our science and having our science inform them, so that there is a bidirectional process of exchanging information, knowledge, and technology. Also, doing a better job of communicating the meaning

Understanding Culture (cont.)

of health information, including data as well as research findings, so that they are meaningful to people. And then I think working with communities in ways such that we both mobilize our resources and bring resources to bear on mutual goals.

Program Evaluation:
A Vital Part of Program Success
Maureen Wilce, Behavioral Scientist, FSEB



Maureen Wilce

Program evaluation is a priority area for the Division of TB Elimination (DTBE) and state TB programs. As conceptualized by the CDC's Framework for Program Evaluation in Public Health, program evaluation is the systematic collection of information about the activities and outcomes of programs to improve program effectiveness and inform decisions about future program development. Program evaluation can be a valuable tool for understanding how program activities affect populations with disproportionately high TB rates, such as African Americans. Evaluation findings can be used to identify ways to better serve diverse populations and plan programs that meet needs.

To help support these evaluation activities and others undertaken by TB programs nationwide, the Field Services and Evaluation Branch, DTBE, has created an Evaluation Working Group comprised of representatives from all DTBE branches and units and representatives from six state TB programs. The Group's vision for program evaluation activities is as follows:

(Cont.)

Program Evaluation (cont.)

- TB programs should routinely conduct self-evaluations and use findings to improve and enhance programs,
- Data systems should be in place to collect and organize data for evaluation purposes,
- Standard indicators for program performance should be developed and reported, and
- Lessons learned from evaluations should be shared across programs.

To attain this vision, the Work Group is developing a flexible, useful “toolkit” that will include guidance on how to conduct evaluations, a library of performance indicators, as well as data collection and analysis instruments. Although the final toolkit will not be completed for several years, pilot testing of specific tools will begin later this year.

Did you know?
The CDC/DTBE has included a progress indicator in the FY 05 program announcement number 05003 charging project areas receiving TB federal cooperative agreement funds that have greater than 50 reported TB cases occurring annually in U.S.-born African Americans to decrease their case rate by 2009.

CONTACT US ...
If you have story ideas or articles to share, or would like to provide comments, please e-mail Gail Burns-Grant at gab2@cdc.gov or call (404) 639-8126.
To add/delete someone to/from our mailing list, please contact Vivian Siler, Management & Program Analyst, DTBE/FSEB, by e-mail at vas6@cdc.gov or (404) 639-5319.